SUTTER COUNTY
DEVELOPMENT SERVICES DEPARTMENT

Building Inspection
Code Enforcement
Planning
Environmental Health
Fire Services
Engineering
Road Maintenance
Water Resources

REQUEST FOR MISCELLANEOUS REVIEW

Name: _____

Address: _____

Phone: _____

Facility: _____

Facility Address: _____

Program Area: □ FOOD □ SEPTIC □ BODY ART

□ RECREATIONAL HEALTH □ WELL □ CUPA □ OTHER

Type of review requested:

_____

_____

_____

_____ _____

Signature Date

Payment Date : _____ Amount: _____ Receipt Number: _____ Received By: _____